A bill for an act

relating to health care; modifying special transportation services; creating special

appeal rights for services recipients; requiring counties to conduct level of need

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1.4 1.5 1.6	determinations; prohibiting the use of a broker; appropriating money; amending Minnesota Statutes 2008, sections 256.045, by adding a subdivision; 256B.04, subdivision 14a; 256B.0625, subdivisions 17, 18, by adding a subdivision.
1.7	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.8	Section 1. Minnesota Statutes 2008, section 256.045, is amended by adding a
1.9	subdivision to read:
1.10	Subd. 3d. Special requirements regarding medical assistance nonemergency
1.11	transportation services. Notwithstanding the provisions of Minnesota Rules, parts
1.12	9505.0125, subpart 1, and 9505.0130, subpart 2, a recipient of medical assistance
1.13	nonemergency medical transportation services under section 256B.0625, subdivision 17
1.14	or 18, shall be given a written notice of a denial, reduction, termination, or suspension
1.15	of those services no later than 30 days before the effective date of the action, and a
1.16	local agency shall not reduce, suspend, or terminate eligibility for those services when a
1.17	recipient appeals within 30 days of the agency's mailing of the notice, unless the recipient
1.18	requests in writing not to receive continued medical assistance nonemergency medical
1.19	transportation services while the appeal is pending.
1.20	Sec. 2. Minnesota Statutes 2008, section 256B.04, subdivision 14a, is amended to read:
1.21	Subd. 14a. Level of need determination. Nonemergency medical transportation
1.22	level of need determinations must be performed by a physician, a registered nurse working
1.23	under direct supervision of a physician, a physician's assistant, a nurse practitioner,
1.24	a licensed practical nurse, or a discharge planner, or the county at the time of initial

Sec. 2. 1

S.F. No. 723, 1st Engrossment - 86th Legislative Session (2009-2010) [s0723-1]

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medical assistance application and reviewed at each redetermination of eligibility. The determination shall be based on a question format and scoring methodology developed by the commissioner, in consultation with providers. Nonemergency medical transportation level of need determinations must not be performed more than semiannually on any individual, unless the individual's circumstances have sufficiently changed so as to require a new level of need determination. Individuals residing in licensed nursing facilities are exempt from a level of need determination and are eligible for special transportation services until the individual no longer resides in a licensed nursing facility. If a person authorized by this subdivision to perform a level of need determination determines that an individual requires stretcher transportation, the individual is presumed to maintain that level of need until otherwise determined by a person authorized to perform a level of need determination, or for six months, whichever is sooner.

- Sec. 3. Minnesota Statutes 2008, section 256B.0625, subdivision 17, is amended to read:
- Subd. 17. **Transportation costs.** (a) Medical assistance covers transportation costs incurred solely for obtaining emergency medical care or transportation costs incurred by eligible persons in obtaining emergency or nonemergency medical care when paid directly to an ambulance company, common carrier, or other recognized providers of transportation services.
- (b) Medical assistance covers special transportation, as defined in Minnesota Rules, part 9505.0315, subpart 1, item F, if the recipient has a physical or mental impairment that would prohibit the recipient from safely accessing and using a bus, taxi, other commercial transportation, or private automobile.

The commissioner may use an order by the recipient's attending physician to certify that the recipient requires special transportation services. Special transportation includes driver-assisted service to eligible individuals. Driver-assisted service includes passenger pickup at and return to the individual's residence or place of business, assistance with admittance of the individual to the medical facility, and assistance in passenger securement or in securing of wheelchairs or stretchers in the vehicle. Special transportation providers must obtain written documentation from the health care service provider who is serving the recipient being transported, identifying the time that the recipient arrived. Special transportation providers may not bill for separate base rates for the continuation of a trip beyond the original destination. Special transportation providers must take recipients to the nearest appropriate health care provider, using the most direct quickest route available as determined by a commercially available software program approved by

Sec. 3. 2

3.1	the commissioner. The maximum medical assistance reimbursement rates for special
3.2	transportation services are:
3.3	(1) \$17 for the base rate and \$1.35 per mile for services to eligible persons who
3.4	need a wheelchair-accessible van;
3.5	(2) \$11.50 for the base rate and \$1.30 per mile for services to eligible persons who
3.6	do not need a wheelchair-accessible van; and
3.7	(3) \$60 for the base rate and \$2.40 per mile, and an attendant rate of \$9 per trip, for
3.8	services to eligible persons who need a stretcher-accessible vehicle.
3.9	Sec. 4. Minnesota Statutes 2008, section 256B.0625, is amended by adding a
3.10	subdivision to read:
3.11	Subd. 17b. Broker dispatching prohibition. The commissioner shall not use a
3.12	broker or coordinator for any purpose related to nonemergency medical transportation
3.13	services including, but not limited to, managing or dispatching transportation services,
3.14	verifying recipient eligibility, authorizing recipients for the appropriate level of
3.15	transportation, and monitoring provider compliance with subdivision 17.
3.16	Sec. 5. Minnesota Statutes 2008, section 256B.0625, subdivision 18, is amended to
3.17	read:
3.18	Subd. 18. Bus or taxicab Access transportation. To the extent authorized by
3.19	rule of the state agency, medical assistance covers costs of the most appropriate and
3.20	cost-effective form of transportation incurred by any ambulatory eligible person for
3.21	obtaining nonemergency medical care, including gasoline reimbursement, volunteer
3.22	drivers, bus tokens, or common carrier transportation. The minimum medical assistance
3.23	reimbursement rates for access transportation services provided by common carrier or
3.24	for-hire vehicles are:
3.25	(1) \$13 for the base rate and \$1.45 per mile for each mile or portion thereof that is
3.26	in excess of five miles for services to eligible persons who need a wheelchair-accessible
3.27	van; and
3.28	(2) \$10 for the base rate and \$1.45 per mile for each mile or portion thereof
3.29	that is in excess of five miles for services to eligible persons who do not need a
3.30	wheelchair-accessible van.
3.31	Sec. 6. APPROPRIATIONS.
3.32	\$ is appropriated from the general fund to the commissioner of human services
3.33	for the biennium beginning July 1, 2009, for grants to counties to offset the administrative

Sec. 6. 3

S.F. No. 723, 1st Engrossment - 86th Legislative Session (2009-2010) [s0723-1]

- costs of making level of need determinations. Counties shall receive a per capita payment
 of \$......, with a minimum county payment of \$....... The commissioner may reduce per
 capita payments a pro rata amount in order to make minimum per-county payments. The
 commissioner shall structure grants to counties in order to maximize federal financial
- 4.5 <u>participation.</u>

4.6 **EFFECTIVE DATE.** This section is effective July 1, 2009.

Sec. 6. 4